

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-678)

SERIAL NO. _____ FILING DATE _____

APPLICANT/ET

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	/					
INITIAL						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
65						
66						
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70						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	122	122	115	115	122	122
TOTAL DEP.	115	115	115	115	115	115
TOTAL	122	122	115	115	122	122